

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101539988

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13	1					
14	1					
15		1				
16		1				
17		1				
18	1					
19		1				
20	1					
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22		1				
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48						
49						
50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			25			